DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF PRODUCING	A GLASS SUBSTR	ATE FOR A MASK BLANK	AND	
METHOD OF PRODUCING	A MASK BLANK			
the application of which is attached hereto	Nur	was filed on	lication Number	
I hereby state that I have reviewed and und by any amendment specifically referred to a	lerstand the contents of above.	f the above identified applicati	ion, including the cl	aims, as amended
I acknowledge the duty to disclose inforcontinuation-in-part application(s), material the national or PCT international filing date	l information which be	ecame available between the fi	ned in 37 CFR 1.	56, including for application and
I hereby claim foreign priority benefits und or plant breeder's rights certificate(s), or 36 than the United States of America, listed b patent, inventor's or plant breeder's rights of application on which priority is claimed.	65(a) of any PCT inter- below and have also id	mational application(s) which entified below, by checking the	designated at least	one country other
Prior Foreign Application Number(s)	Country	Foreign Filing Date	-	Claimed
87798/2003	Japan	Foreign Filing Date March 27, 2003	Yes X	No
I hereby claim domestic priority benefits unstates provisional application(s), or §365(c) insofar as the subject matter of each of the International application in the manner provito disclose any information material to the filing date of the prior application and the national states.) of any PCT Internati the claims of this apprided by the first paragonatentability of this apparentability of this apparentab	onal application(s) designating plication is not disclosed in a graph of Title 35, United States pplication as defined in 37 C.F	g the United States, a listed prior Unite Code, §112, I ackn R. 1.56 which occi	listed below and, d States or PCT owledge my duty

I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

23373

PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:						
Given Name (first and middle [if any]) KESAHI	RO	Family Name or Surnan	amily Name or Surname KOIKE			
Inventor's Signature	KEPAHIRO KO	TKE	Date	March 23, 2004		
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NAME OF SECOND INVENTOR:		1				
Given Name (first and middle [if any])	Family Name or Surname					
Inventor's Signature	T	Date				
Residence: City	State	Country		Citizenship		
Mailing Address:	T	Τ		 		
City	State	Zip		Country		
NAME OF THIRD INVENTOR:				1		
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature		Date				
Residence: City	State	Country Citizenship		Citizenship		
Mailing Address:						
City	State	Zip -		Country		
NAME OF FOURTH INVENTOR:						
Given Name (first and middle [if any]) Family Name or Surname						
nventor's Signature		Date				
Residence: City	State	Country Citizenship		Citizenship		
Mailing Address:						
City	State	Zip		Country		
NAME OF FIFTH INVENTOR:						
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature			Date			
Residence: City	State	Country		Citizenship		
Mailing Address:			· · · · · · · · · · · · · · · · · · ·			
City	State	Zip		Country		